

St. Mary's Catholic Church, Alexandria, VA
Confirmation Retreat: Saturday, January 27, 2018 PERMISSION FORM

As the parent or legal guardian of _____, permission is hereby given for this student to attend the St. Mary's Catholic Church 2017-2018 Confirmation Retreat for CCD & school, on January 27th, 2018, at: Bishop Ireton High School, 201 Cambridge Road, Alexandria, VA 22314, (703) 445-0300.

I understand and acknowledge that participation in the activities involves inherent risks of injury to my child. I agree to indemnify St. Mary's Catholic Church, its employees, staff, ministers, volunteers, and the Diocese of Arlington for any consequences or costs or expenses arising out of my child's participation in the activities including the cost of any medical care given my child or any expenses or fees incurred in any lawsuit arising as a result of any damage or injuries caused by my child in the course of his or her participation in the activity.

I further give my consent to that in my absence the above-named minor be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named minor.

Child's Date of Birth

Date of last Tetanus Booster

Known allergies including any allergies to medicine (Continue on back of form if needed)

Any other medical problems which should be noted (Continue on back of form if needed)

Name of Parent/Guardian

Address

City/State/Zip

Phone: Home

Work

Mobile

Person responsible for charges (if different from above)

Address

City/State/Zip

Phone: Home

Work

Mobile

Person to notify if parent/guardian is unavailable

Phone: Home

Work

Mobile

Family Physician & Phone

Insurance Carrier & Policy Number

Signature of Parent/Guardian

Date